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ABSTRACT

As components of the National Center for Health Services Research Division of Intramural Research, the Long-Term Care Studies Program and the Aging Studies Program were established to define the problems of caring for the chronically ill and the elderly and to study the organization, financing, and delivery of health care services to these populations. This annotated bibliography summarizes published, unpublished, and forthcoming works on studies conducted by these two programs from 1980 through 1987. The reports and papers included in the bibliography describe results of research completed to data on a wide range of topics. Entries in the bibliography are organized chronologically beginning with forthcoming reports and listing the most recent reports first. For each of the 31 entries, the author, title, and source are listed, and an abstract is provided. The bibliography will be updated periodically in order to make the most current findings of these programs available to interested users. Items can be obtained without charge from the National Center for Health Services Research and Health Care Technology Assessment by using the order form on the last page of the bibliography. (Author/NB)

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Annotated Bibliography of Intramural Research on Long-Term Care

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Aging Studies Program

Long-Term Care Studies Program

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NATIONAL CENTER
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Annotated Bibliography of Intramural Research on Long-Term Care

Compiled by
Division of Intramural Research

August 1987

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FOREWORD

This annotated bibliography summarizes published, unpublished, and forthcoming works on studies conducted by the Long-Term Care Studies Program and the Aging Studies Program from 1980 through 1987. As components of NCHSR's Division of Intramural Research, these programs were established to define the problems of caring for the chronically ill and the elderly and to study the organization, financing, and delivery of health care services to these populations. The reports and papers included describe results of research completed to date on a wide range of topics. This bibliography will be updated periodically in order to make the most current findings of these programs available to interested users. Items can be obtained without charge from the National Center for Health Services Research and Health Care Technology Assessment (NCHSR) by using the order form that appears on the last page of this bibliography.

Forthcoming

F-6

Authors: Kemper, Peter, Randall S. Brown, George Carcagno, and others

Title: The evaluation of the national long-term care demonstration

Source: Health Services Research

Abstract: This issue summarizes the results of the National Long Term Care Demonstration, which was jointly funded by three units of the Department of Health and Human Services: the Office of the Assistant Secretary for Planning and Evaluation, the Administration on Aging, and the Health Care Financing Administration. It sought to substitute case-managed commumity care for nursing home care to reduce long-term care costs and improve the quality of life of elderly clients and the family and friends who care for them. The demonstration was evaluated using a randomized experimental design. Although the population served was, as intended, extremely frail, it turned out not to be at high risk of nursing home placement. The costs of the additional case management and community services--provided in most cases to clients who would not have entered nursing homes even without expanded services--were not offset by reductions in the cost of nursing home use. Hence total costs increased. The expanded formal community care did not, however, result in a substantial reduction in informal caregiving. Moreover, expanded community care benefited clients and the family and friends who cared for them in several ways: increased services, reduced unmet needs, increased confidence in receipt of care and satisfaction with arrangements for it, and increased satisfaction with life. Expansion of case management and community services beyond what already exists, then, must be justified on the basis not of cost savings but of benefits to clients and their caregivers.

F-5

Authors: Kemper, Peter, Robert Applebaum, and Margaret Harrigan

Title: Community care demonstrations: What have we learned?

Source: Health Care Financing Review

Abstract: Based on a review of community care demonstrations, this paper concludes that expanding public financing of community services beyond what already exists is likely to increase costs. Small nursing home cost reductions were more than offset by the increased costs of providing services to those who remained at home even without the expanded services. However, expanded community services appeared to make people better off and did not cause substantial reductions in family caregiving. This review suggests we should explore the questions of how much community care society is willing to pay for, who should receive it, and how it can be delivered efficiently.

F-4

Authors: Kemper, Peter, Robert Applebaum, and Margaret Harrigan

Title: A Systematic Comparison of Community Care Demonstrations

Source: Institute for Research on Poverty (Special Report No. 45). University of Wisconsin, Madison.

Abstract: Concern about inappropriate institutionalization and rising long-term care costs led to a series of demonstrations of expanded government financing of case management and community services for the disabled, particularly the frail elderly. Their objectives were to reduce costs and improve the quality of clients' lives by substituting care at home for care in nursing homes. This paper is a systematic review and assessment of 16 demonstrations of expanded community care funded through waivers of Medicaid and Medicare regulations. The demonstrations showed that expanding public financing of case management and community services beyond what already exists does not reduce costs. Small nursing home cost reductions were more than offset by increased costs of providing expanded services to those who would not be institutionalized even without the expanded community services. Although they did not reduce costs, expanded community services appeared to make people better off. Moreover, the expanded services did not appear to cause substantial reductions in care by family and friends.

F-3

Author: Stone, Robyn, Gail L. Cafferata, and Judith Sangl

Title: Caregivers of the frail elderly: A national profile.

Source: The Gerontologist

Abstract: The purpose of this paper is to provide a descriptive profile of informal caregivers who were giving unpaid assistance in 1982 to noninstitutionalized elderly persons with one or more limitations in activities of daily living. National estimates were drawn from the Informal Caregiver Survey, a component of the larger 1982 National Long-Term Care Survey of disabled elders living in the community. This descriptive analysis examines the major sociodemographic characteristics of the caregiver and the care recipient, the type and level of caregiver commitment, competing demands placed upon the caregiver, and the use of additional unpaid and paid assistance. This study confirms previous research findings that informal caregivers are predominantly female, that a sizeable proportion is over age 65 and that a minority use formal services. There also was evidence of competing demands; one-fifth reported child care responsibilities, 9 percent indicated that they quit their jobs, and one-fifth reported other forms of work conflict.

F-2

Author: Kovar, Mary Grace and Robyn Stone

Title: The social environment of the oldest-old

Source: The Old-Old. R. Suzman and D. Willis (Eds.). New York City: Oxford University Press.

Abstract: The purpose of this chapter is to describe the social environment of noninstitutionalized elderly persons aged 80 years and older in an effort to understand the context within which these individuals are able to continue residing in the community. Data were drawn from the 1984 Supplement on Aging to the National Health Interview Survey, a large continuing survey of the health of the civilian noninstitutionalized population in the United States. This overview focuses on key elements of the social environment of the oldest-old including housing characteristics; residential patterns and living arrangements, social contacts with family, friends, and neighbors; and use of community services. While the myth of social isolation and frailty continues to prevail, the findings discussed in this chapter suggest that the

majority of the oldest-old are doing reasonably well. Almost half of them live alone and most engage in several forms of social interaction. Many have lived in the same residence for years and appear to enjoy living near, but not necessarily with, their children. Their success, however, should not conceal the difficulties and the probable fragility of the oldest-old, particularly very elderly women who live alone.

F-1

Author: Meiners, Mark R.

Title: Data Requirements for Long-Term Care Insurance

Source: National Center for Heath Statistics, Health of An Aging Population: Issues on Data for Policy Analysis, Vital and Health Statistics, Washington, DC: U.S. Govt. Print. Office.

Abstract: Although private insurance for long-term care services is currently being offered, it is available on a limited basis. One of the principle obstacles to the expansion of the long-term care insurance market, has been the lack of reliable data needed by insurers to appropriately design and price long-term care insurance. How available, and soon to be available, data sets might be used to meet some of these data needs is discussed. Data requirements of other LTC insurance models, continuing care retirement communities, and the social health maintenance organization were also described.

1987

87-4

Author: Minkler, Meredith and Robyn Stone

Title: Women's retirement

Source: The Encyclopedia of Aging. George L. Maddox (Ed.). New York City: Springer Publishing Company, 1987.

Abstract: This entry in The Encyclopedia of Aging provides a brief overview of the literature relating to women and retirement. It highlights the lack of research attention paid to female retirement even though several studies have suggested that women may be more likely than their male counterparts to experience retirement as a stressful life

change. This synopsis discusses the important role of economic status for persons on the threshold of retirement and in the postretirement period as a major contributor to the health and well-being of female retirees.

87-3

Author: Roddy, Pamela C., Korbin Liu, and Mark R. Meiners

Title: Resource requirements of nursing home patients based on time and motion studies

Source: NCHSR, Long-Term Care Studies Program Research Report, April 1987.

Abstract: This report presents the results of the work sampling and time and motion studies conducted on the nursing home personnel used to determine the numbers, types, and frequencies of services provided to nursing home patients. These studies were conducted to determine a reasonable reimbursement scheme with appropriate incentives to encourage appropriate admission and outcome goals. The work sampling and time and motion data collected were used to develop an empirical relationship between patient impairment levels and nursing time requirements. Comparisions are made with previous nursing home resource consumption studies.

87-2

Author: U. S. House of Representatives. Select Committee on Aging, Subcommittee on Human Services.

Title: Exploding the myths caregiving in America

Source: Comm. Pub. No. 99-161. Prepared by Robyn Stone. 100th Cong., 1st Sess. (1987). Washington, DC: U.S. Govt. Print. Off., 1987.

Abstract: The primary purpose of this committee print is to provide information about the importance of informal caregiving to the frail elderly. The report contains an overview of informal caregiving including historical perspectives and current demographic, economic, and social trends that affect the role of family, friends, and other unpaid helpers in providing long-term care to elderly persons living in the community. This monograph briefly describes the major characteristics of the informal caregiver population and discusses the level of responsibility, time commitment, and tasks performed by caregivers. It also

examines the impact of caregiving including the benefits and the emotional, physical, financial and familiar strains that can accrue from the caregiving process. Finally, this print highlights the role of the public and private sector in addressing the problems and potential of informal caregivers as major providers in the long-term care continuum.

87-1

Authors: Wooldridge, Judith, George Carcagno, Peter Kemper, and others

Title: The channeling evaluation data base: A research opportunity

Source: Paper presented at the DHHS Conference on Long-Term Care Data Bases, Washington, DC, May 21-22, 1987.

Abstract: The data base developed for the evaluation of the channeling demonstration provides an unusual opportunity for long-term care research. Longitudinal data over 18 months were collected for both treatment and control groups. Data sources were interviews with sample members or their proxies, interviews with primary informal caregivers, provider records, Medicare and Medicaid claims, death records, client tracking records, and financial control system records. Information provided includes individual demographic characteristics, caregiver demographic characteristics, functional impairment, measures of quality of life, income and assets, informal caregiving, and use and cost of health and long-term care services. Because of the special purpose of the data base, it contains features that make it inappropriate for some research purposes.

1986

86-5

Author: Stone, Robyn

Title: Aging in the eighties, age 65 and over--use of community services, preliminary data from the Supplement on Aging to the National Health Interview Survey: United States, January-June 1984.

Source: National Center for Health Statistics Advance Data From Vital and Health Statistics. No.124.(DHHS Pub. No. (PHS) 86-1250). Public Health Service. Hyattsville, MD, September 30, 1986.

Abstract: Over the past decade increasing attention has been paid to the development of community-based long-term care services for the elderly. To date, however, there has been little data available on the use of such services by the aged. The purpose of this paper is to bridge some of these gaps by presenting national estimates of the use of community services (senior centers, home-delivered meals, special transportation, homemaker services, visiting nurses and home health aides, adult day health care) by the elderly population. Data were drawn from the 1984 Aging Supplement to the National Health Interview Survey. The senior center was the most widely used service while community health services, and adult day health care in particular, were used by only a small fraction of the elderly population. Females were more likely to use these services than were their male counterparts. Furthermore, those who were older and who were living alone made more use of these services. Senior centers were frequented by the well elderly; poor health was associated with use of in-home services. This paper concludes with a discussion of the planning and policy implications of these national estimates.

86-4

Author: Stone, Robyn

Title: Recent Developments in Respite Care Services for Caregivers of the Impaired Elderly

Source: Final Report to the Administration on Aging (No. 90AP003). February 1986.

Abstract: The past decade has witnessed a proliferation of policy discussions, model programs, and empirical research that has focused on the role of the family in providing long-term care to the elderly. This paper examines one of the emerging caregiver issues--the role of respite care in reducing family burden and preventing or delaying the institutionalization of elderly dependents. This review highlights exemplary programs in both the United States and other countries that provide services in settings ranging from the home and community to nursing homes and hospitals. Special attention is paid to evaluative studies that have assessed the effectiveness of respite care in terms of costs and benefits to the caregivers, the patient, and the long-term care system. The policy implications of

the respite care experience are addressed with a particular emphasis on the role of the public and private sector in financing these services and regulating respite care programs.

86-3

Author: Meiners, Mark R.

Title: Private financing of home and community care for the elderly: The insurance option

Source: Perspectives on Aging 15(5), pp. 10-12, 1986.

Abstract: Private market insurance is one of the many options that is currently being considered as a means of financing long-term care services. At present, most of the LTC insurance policies being offered limit coverage to nursing home care. A few policies, however, offer an expanded benefit package to include home health care coverage. This article examines some of the issues, problems, and concerns in developing private insurance for home health care. Examples of existing long-term care insurance policies that cover home care are presented, and key features of these policies discussed.

86-2

Author: Jones, Brenda J. and Mark R. Meiners

Title: Nursing home discharges: The results of an incentive reimbursement experiment

Source: NCHSR, Long-Term Care Studies Program Research Report, August 1986.

Abstract A major demonstration research project was designed by NCHSR to test the efficacy of an "incentive reimbursement system" for Medicaid nursing home services. The objectives of the demonstration were:

- To encourage nursing homes to admit highly dependent Medicaid patients who might otherwise remain inappropriately hospitalized and incur unnecessarily high costs for care.
- To improve resident outcome through improved quality of care facilitated by resident-specific goal setting and care planning.

- To encourage appropriate discharges through case management services provided by the home, thus freeing beds for more highly dependent patients.

An incentive payment system that rewards facilities for achieving each objective was devised. Three types of incentive payments were made: admission, outcome, and discharge. This paper presents the discharge results of the study, which cannot be clearly described in terms of success or failure. A large percentage of those with the required discharge plan were successfully discharged to a lower level of care and many of those patients had been in the nursing home for an extended stay. However, participation in this aspect of the study was very limited and successful discharges were generally to lower-level-of-care institutional settings rather than to home or self-care.

86-1

Author: Thorburn, Phyllis and Mark R. Meiners

Title: Nursing home outcomes: The results of an incentive reimbursement experiment

Source: NCHSR, Long-Term Care Studies Program Research Report, August 1986.

Abstract: A major demonstration research project was designed by the NCHSR to test the efficacy of an "incentive reimbursement system" for Medicaid nursing home services. The objectives of the demonstration were:

- To encourage nursing homes to admit highly dependent Medicaid patients who might otherwise remain inappropriately hospitalized and incur unnecessarily high costs for care.

- To improve resident outcome through improved quality of care facilitated by resident-specific goal setting and care planning.

- To encourage appropriate discharges through case management services provided by the home, thus freeing beds for more highly dependent patients.

An incentive payment system that rewards facilities for achieving each objective was devised. Three types of incentive payments were made: admission, outcome, and discharge. This paper presents the outcome results of the study, which can, at best, be characterized as mixed. For the goals related to improving self-reliance in patients initially needing assistance with activities of daily

living, the achievement rate was low in absolute terms and no greater than the achievement rate in control facilities. For goals related to special nursing care for tube feeders and comatose or quadriplegic patients, there was some evidence of a treatment effect. Because of small sample sizes, however, the goal-specific differences in achievement rates between experimental and control facilities could not be generalized.

1985

85-4

Author: Liu, Korbin, Kenneth G. Manton, and Barbara Manzetta Liu

Title Home care expenses for the disabled elderly

Source: Health Care Financing Review 7(2), pp. 51-58, 1985.

Abstract: This article presents descriptive statistics from the 1982 Long-Term Care Survey of noninstitutionalized elderly Americans with limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL). The focus of this article is on private expenses for home-based care related to ADL and IADL limitations. It describes the amounts of out-of-pocket expenditures and how they vary with characteristics of the disabled elderly population. It also discusses several possible implications of the findings for policymakers and further research.

85-3

Author: Meiners, Mark R. and Rosanna M. Coffey

Title: Hospital DRGs and the need for long-term care services: An empirical analysis

Source: Health Services Research 20(3), pp. 359-384, 1985.

Abstract: The Medicare DRG-based prospective payment system (PPS) encourages hospitals to reduce length of stay for elderly patients. Thus, discharges to long-term care services are expected to increase. Maryland hospital data for 1980 were used to identify those DRGs that most frequently represented patients discharged to nursing homes and home health care services; explored the incentive under PPS to discharge earlier those patients needing long-term care versus short-term care; and described characteristics of

patients most likely to face increased pressure of earlier discharge to nursing homes and home health programs. Because only a limited set of patient characteristics were available for Maryland hospitals, data from a study of San Diego nursing homes were used to explore further the sociodemographic and health status measures associated with unusually long hospital stay prior to nursing home placement. This research suggests that the DRG reimbursement system gives hospitals a strong incentive for earlier discharge of patients needing long-term care services. However hospitals that target only long-term care patients for early discharge will not substantially gain under PPS because these patients represent a small portion of the cases treated in the hospital and a small percentage of unreimbursed days.

85-2

Author: Meiners, Mark R., Phyllis Thorburn, Pamela C. Roddy, and Brenda J. Jones

Title: Nursing home admissions: The results of an incentive reimbursement experiment

Source: NCHSR, Long-Term Care Studies Program Research Report, October 1985.

Abstract: A major demonstration research project was designed by NCHSR to test the efficacy of an "incentive reimbursement system" for Medicaid nursing home services. The objectives of the demonstration were:

- To encourage nursing homes to admit highly dependent Medicaid patients who might otherwise remain inappropriately hospitalized and incur unnecessarily high costs for care.
- To improve resident outcome through improved quality of care facilitated by resident-specific goal setting and care planning.
- To encourage appropriate discharges through case management services provided by the home, thus freeing beds for more highly dependent patients.

An incentive payment system that rewards facilities for achieving each objective was devised. Three types of incentive payments were made: admission, outcome, and discharge. This paper presents the admission results of the study. The incentive payments influenced nursing homes to admit a generally more dependent group of patients. Among the patients requiring the most care, however,

success was limited to the relatively small group needing special nursing services.

85-1

Author: Meiners, Mark R.

Title: Long-term care insurance--an idea whose time has come

Source: Generations, Summer IX(4), 39-42, 1985.

Abstract: This article reviews NCHSR research on long-term care insurance as a basis for suggesting areas for further research and development.

1984

84-3

Author: Meiners, Mark R. and Gordon R. Trapnell

Title: Long-term care insurance: Premium estimates for prototype policies

Sources: Medical Care 22(10), pp. 901-911, 1984.

Abstract: Private insurance has been suggested as a way to relieve the growing pressure on Medicaid budgets brought about by the long-term care needs of the elderly. This paper provides premium estimates for prototype long-term care insurance policies. Alternative specifications of services covered, amount of benefits paid per day, waiting period before benefits begin, years of coverage, age at time of purchase, administrative expenses, risk selection, and tax treatments are examined. The estimates are useful in understanding the general order of magnitude of premiums for various types of policies and assumptions. They may also be useful in deriving initial rates for new types of policies or in setting initial rates for an insurer with no access to actual experience data.

84-2

Author: Meiners, Mark R.

Title: The state of the art in long-term care insurance

Source: Long-Term Care Financing and Delivery Systems: Exploring Some Alternatives, Conference Proceedings, (HCFA Pub. No. 03174). Washington, DC: U.S. Govt. Print. Off., 1984.

Abstract: This paper reviews examples of extended insurance coverage for nursing home and home health care. It provides a basis for understanding how to insure long-term care. Background on Medicare's coverage of these services is given. Tables describe the premium and major features of 16 private long-term care insurance products.

84-1

Author: Meiners, Mark R. and James O. Gollub

Title: Long-term care insurance--the edge of an emerging market

Source: Healthcare Financial Management, pp. 58-61, March 1984.

Abstract: This article provides an overview of the issues related to the development of long-term care insurance. It concludes that further development will depend on recognition of mutual interests among consumers, providers insurers, and government. Suggestions are given for stimulating the market by emphasizing those mutual interests.

1983

83-2

Author: Meiners, Mark R., Gloria D. Heinemann, and Brenda J. Jones

Title: An evaluation of nursing home payments designed to encourage appropriate care for the chronically ill: Some preliminary findings

Source: Paper presented at the Annual Meeting of the American Economic Association, New York City, December 1983.

Abstract: A major demonstration research project was designed by the NCHSR to test the efficacy of an "incentive reimbursement system" for Medicaid nursing home services. The objectives of the demonstration were:

- To encourage nursing homes to admit highly dependent Medicaid patients who might otherwise remain inappropriately hospitalized and incur unnecessarily high costs for care.

- To improve resident outcome through improved quality care facilitated by resident-specific goal setting and care planning.

- To encourage appropriate discharges through case management services provided by the home, thus freeing beds for more highly dependent patients.

An incentive payment system that rewards facilities for achieving each objective was devised. Three types of incentive payments were made: admission, outcome, and discharge. This paper presents the preliminary results of the study.

83-1

Author: Meiners, Mark R.

Title: The case for long-term care insurance

Source: Health Affairs 2(2), pp. 55-79, 1983.

Abstract: Long-term care expenses are frequently catastrophic for elderly persons and private insurance is not generally available to cover these expenses. As a result, most elderly needing long-term care depend on Medicaid. The potential for relieving this problem through private long-term care insurance is examined in this paper. The reasons for market failure are outlined and discussed in the context of the current insurance market for nursing home and home health services. A prototype policy is formulated as a basis for recommendations concerning services covered, waiting periods, length of coverage benefit payments, and financing mechanisms. Insurance regulation, Medicaid, and private financing capacity are examined as potential contributors to the market failure. Evidence is provided that suggests that a private market for long-term care insurance can exist and that it may serve to relieve some of the current pressures on the Medicaid system brought about by the long-term care needs of the elderly.

1982

82-3

Author: Meiners, Mark R.

Title: Shifting the burden: Potential role of private sector in long-term care insurance for the elderly

Source: American Health Care Association Journal 2(20), pp. 20-22, 1982.

Abstract: This article describes a study undertaken by NCHSR to determine whether and under what circumstances a market could exist for private health insurance coverage of long-term care for the elderly. The background of the problem and estimates suggesting that such coverage might be feasible are provided. The questions to be addressed and the study design are described.

82-2

Author: Meiners, Mark R.

Title: An econometric analysis of the major determinants of nursing home costs in the United States

Source: Journal of Social Science and Medicine 16(8), pp. 887-898, 1982.

Abstract: This study presents statistical cost function estimates based on data from the 1973-74 National Nursing Home Survey. Using multiple regression techniques, multiplicative and additive models of both total cost and operating cost are given. Findings from the analysis contribute to the growing literature on nursing home costs and provide added insight into a number of important topics. Economies to scale were indicated with an optimum size in the 300- to 400-bed range. Flat-rate reimbursement systems and other systems that set rates prospectively were shown to be associated with significantly lower nursing home costs when compared with the incentives of cost-based systems with or without limits and the incentives of private financing. Increases in both the admission rate and the occupancy rate were associated with higher cost, though only the latter relationship proved of much practical significance, with the cost savings more pronounced for facilities starting with low occupancy rates. The profit motive was confirmed as an important incentive for containing costs. Holding several important

level- or scope-of-service indicators constant, proprietary nursing homes were found to have total costs 7 percent lower and operating costs 11 percent lower than in the voluntary non-profit nursing homes. The range of therapeutic services available and the type of staff coverage of the daily shifts provided in the nursing homes were confirmed as key cost determinants. Evidence was also provided that suggested that residents with midlevel dependency were relatively more costly to treat than completely dependent or independent residents. The usefulness of other facility descriptions and quality proxy measures as cost determinants are also explored. The results are compared to those from other recent nursing home cost function studies.

82-1

Author: Hodgson, Thomas and Mark R. Meiners

Title: Cost-of-illness methodology: A guide to current practices and procedures

Source: Milbank Memorial Fund Quarterly 60(3), pp. 429-462, 1982.

Abstract: Understanding the costs associated with illness and disease has become increasingly important as a result of the rapid rise in health care expenditures and the pressure this has put on both public and private budgets. The authors placed illness and disease costs into three major groupings--direct costs, indirect costs from losses in output, and psychosocial costs--and provided background to these costs. The strengths and weaknesses of current practices and procedures in estimating these costs are discussed with emphasis on the human capital approach as compared with the willingness-to-pay approach. Recommendations are made for improving the application of existing methodology.

1980

80-4

Author: Weisssert, William G., Thomas T. H. Wan, Barbra B. Livieratos, and Julius Pelligrino

Title: Cost effectiveness of homemaker services for the chronically ill

Source: Inquiry 17(3), pp. 230-243, Fall 1980.

Abstract: This paper reports the results of a randomized experiment that tested the effects and costs of providing so-called homemaker services to a chronically ill population. The concept of homemaker services, as distinct from professional home health and therapeutic nursing services, originally was developed for the benefit of children by welfare agencies in the early part of the century. Later, the focus of such services changed from children to adults, with special emphasis on the chronically ill elderly. In the view of some long-term care specialists, homemaker or home health aide services for the elderly now should be regarded as an accepted supplement to family health care, deserving a legitimate position in a continuum of care.

80-3

Author: Wan, Thomas T. H. and William G. Weissert

Title: Social support networks, patient status, and institutionalization

Source: Paper presented at the Annual Meeting of the American Public Health Association, October 1980.

Abstract: The purpose of this research is to identify the relationship of social support to patients' functional status and institutionalization. Social support networks were considered as buffers between declines in physical functioning and risks of being institutionalized. Various dimensions of social support networks were investigated to determine if there were differential effects on the use of skilled nursing facilities. Multivariate analyses of data obtained from an experimental study of geriatric daycare and homemaker services were performed. Findings showed that social support played an important role in mitigating the effects of deteriorative health status and thus reduced the risk of being institutionalized. Furthermore, those who were most likely to improve in physical and mental functioning had stronger social support networks.

80-2

Author: Wan, Thomas T. H., William G. Weissert, and Barbara B. Livieratos

Title: Geriatric daycare and homemaker services: An experimental study

Source: Journal of Gerontology 35(2), pp. 256-274, 1980.

Abstract The purpose of this study is to examine the impact of geriatric daycare and homemaker services on patient outcomes. Patients were randomly assigned to receive the experimental services in three study samples. In comparing outcomes between the experimental and control groups, it was found that there were significant differences in physical functioning and contentment level for the day care samples, in physical functioning and contentment level for the homemaker study sample, and in all of these outcome measures for the combined services group. Among users of the experimental services, increased use of the services was associated with improved outcomes of care. Multivariate analysis of data showed that factors other than the use of experimental services were more effective in outcomes. Significant factors that affected all four outcome measures in both the daycare and homemaker groups were primary diagnosis, impairment prognosis, and number of inpatient hospital days.

80-1

Author: Weissert, William G., Thomas T. H. Wan, Barbara B. Livieratos, and Sidney Katz

Title: Effects and costs of daycare services for the chronically ill: A randomized experiment

Source: Medical Care 18(6), pp. 567-584, 1980.

Abstract Two long-term care settings not now covered by Medicare--adult daycare and homemaker services--are studied in this randomized experiment to test the effects on patient outcomes and costs of using these new services. This article reports findings for daycare. Patients' physical, psychological, and health functions were assessed quarterly, and their Medicare bill files were obtained. Medicaid data were obtained on most patients, but few used many Medicaid-covered long-term care services. Multistage analysis was performed to mitigate effects of departures from the randomized design. Daycare patients showed no benefits in physical functioning ability at the end of the study compared with the control group. Institutionalization in skilled nursing facilities was lower for the experimental group than the control group, but factors other than the treatment variable appeared to explain most of the variance. There was a possibility that life was extended for some daycare patients. The new services averaged $52 per day or $3,235 per year. When costs for existing Medicare services used were added, the yearly cost of the experimental group was $6,501 compared with $3,809 for the control group--an increase of $2,692 or 71 percent.

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